\searrow	HUSON	esser	-		-		_	/ 7					
√ '									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003									10/520769				
CLAIMS AS FILED - PART I								LLE	NTITY		,	R THAN	
 		·	(Column 1) (Colu			umn 2)	TYP	E [-OF	SMALL		
	OTAL CLAIMS	S				·	R.	ATE	FEE]	RATE	FEE	
FOR			NUMBER FILED NUI			BER EXTRA	BAS	IC FE	E .	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/# minus 20= *				X	9=		OR	X\$18=		
INDEPENDENT CLAIMS			21 minus 3 =				X	13=		7	X86=	ļ <u>.</u>	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT			-		 	OR		ļ		
	the difference		tons then zero enter "O" in column 2			- [-1	45=		OR	-290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TAL	<u>.</u>	OR	TOTAL	1000	
CLAIMS AS AMENDED - PART II							CM	A. I.	ENTITY	00	OTHER		
_		(Column 1)		(Colun		(Column 3)	214	ALL	ENTITY	OR 1	SMALL	·	
T A		REMAINING AFTER		PREVIO	BER	PRESENT EXTRA	RA	TE	ADDI: TIONAL		RATE	ADDI- TIONAL	
NEW TEN		AMENDMENT		PAID					FEE			FEE	
AMENDMENT A	Total	•	Minus	**		<u> </u>	xs	9=		OR	X\$18=		
AME	Independent	NEATION OF M	Minus	###	CL A114	<u> </u>	X4	3=·		OR	X86=		
╙	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+14	5=	,	OR	+290=		
<u> </u>								OTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)						ADDIT	FEE		JON ,	ADDIT. FEE		
<u> </u>		(Column 1) CLAIMS		HIĞH		(Column 3)			ADDI-	1 [ADDI-	
T 8		REMAINING AFTER		PREVIO		PRESENT EXTRA	RA	TE	TIONAL		RATE	TIONAL	
Ä	-	AMENOMENT		PAID			-		FEE			FEE	
<u>S</u>	Total	*	Minus	**		=	xs	9=		OR	X\$18=		
AMENDMENT	Inaependent	-	Minus	***	01.4114	-	X4	3=		OR-	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=		OR.	+290=	·	
	TOTAL									<u> </u>	TOTAL		
ADD								FEE	· .	OR ,	ADDIT. FEE	<u> </u>	
		(Column 1) CLAIMS	1	(Colum		(Column 3)		·					
ပ		REMAINING		NUME	BER	PRESENT	RA	<u> </u>	ADDI- TIONAL		RATE	ADDI- TIONAL	
EN		AFTER AMENDMENT		PREVIO PAID F		EXTRA			FEE		HAIL	FEE	
AMENDMENT	Total	*	Minus	##		=	X\$	9=		OR	X\$18=		
ME	Independent	*	Minus	***	•	= .	X43	=			X86=	- · · ·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									•	OR			
										OR	+290=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR											TOTAL ADDIT. FEE		
	the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter *3.* The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.												
				<u> </u>									